

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 582945

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2		2				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
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25		2				
26		2				
27	1	2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35		2				
36	1	2				
37		2				
38		2				
39		3				
40		2				
41		2				
42		2				
43		2				
44		2				
45		2				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	45	←		←		←
TOTAL CLAIMS	48					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						